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British Medical Association

PROCEEDINGS OF COUNCIL

Wednesday, Oct. 29, 1947

A meeting of the Council was held at the House of the Association, Tavistock Square, on Oct. 29, with Dr. H. Guy Dain in the chair.

The death was reported with regret of a former member, Dr. John Goff.

The Chairman stated that on behalf of the Council he had authorized the presentation of a Humble Address to Their Majesties on the marriage of the Princess Elizabeth. The Council endorsed his action by applause.

National Health Service Act: The Next Step

The Council considered the various resolutions of the recent Annual Representative Meeting which bore on the National Health Service Act, and the Secretary repeated the expected order of events, as set out in the *Journal* of Oct. 25 (p. 661), following the receipt of the Minister's reply to the representations of the Negotiating Committee. If the Minister's reply was available in documentary form a fortnight after the meeting with him fixed for Nov. 11 and 12, it would be possible to issue at the end of November in a combined document the considered case as represented to the Minister by the committee and the Minister's reply. This would be sent to all members of the profession, and a special meeting of the Council would be summoned to consider the form of a plebiscite and the calling of a Special Representative Meeting in the light of what the Minister had said.

The Chairman expressed the view that the Council would be wise to determine, in advance of the plebiscite returns, the character of the support it would need, as expressed in minimum percentages, to justify it in advising the profession to accept or not to accept the Service, and, after discussion, this view was generally accepted by the Council, though the decision as to the minimum percentage to be taken was deferred.

The resolution on midwifery services in which the Representative Body declared that all registered practitioners should be entitled to undertake domiciliary obstetrics under the Act and that ten years' experience in domiciliary obstetrics was an adequate preliminary condition of entry to an examination for a postgraduate diploma was considered. The Council endorsed the view expressed by the Chairman that the proper course was to confine themselves to a condemnation of Section 23 (3) of the Act, which added the words "including conditions as to the qualifications of such medical practitioners" to the section of the Midwives Act, 1936, which enables the Minister to prescribe conditions subject to which fees are to be payable by the local health authority to practitioners called in by midwives.

Shortage of Nurses: Committee Appointed

The Annual Representative Meeting called upon the Council to request the Minister of Health and the Secretary of State for Scotland to give urgent attention to the problem of the shortage of nurses and to set up a special committee for the purpose. The Council agreed, and the following were appointed to the new committee: the four principal officers of the Association, the chairmen of the Hospitals, Consultants and Specialists, General Practice, Scottish, and Public Health Committees, Drs. Janet Aitken, E. B. Brooke, O. C. Carter, Mary Esslemont, A. C. Foster-Carter, A. Staveley Gough, C. G. Martin, W. G. Masefield, J. B. W. Rowe, Alex Smith, and C. O. Stallybrass, with two members nominated by the British Hospitals Association, two by the Royal College of Nursing, and one by King Edward's Fund, and with power to co-opt.

On the report of the Scottish Committee it was stated that, in common with a number of other medical bodies in Scotland, it had been invited by the Secretary of State to submit views on the recommendations of the Working Party on the Recruitment and Training of Nurses, and it was inviting the other bodies to co-operate in a joint committee with a view to preparing an agreed statement for submission to the Secretary of State. The other bodies, numbering about nineteen, had agreed to this proposal.

It was agreed, on the recommendation of the Science Committee, to award three Association prizes annually, each of the value of 20 guineas, and three further prizes, each of the value of 10 guineas, for essays by nurses on selected subjects. The subjects for the first award were "Suggested Improvements in the Methods of Training Nurses," "The Nurse–Patient Relationship," and "Difficulties of Domiciliary Nursing."

World Medical Association

A long report by the Hon. Secretary of the World Medical Association (Dr. Charles Hill) was laid before the Council. It recounted the decisions of the first annual meeting of the Association in Paris in September last, which was the subject of a leading article in the *Journal*. The report set out the constitution which was adopted, the details of subscription, membership roll, secretariat, and election of officers, and the report of a committee which was set up to formulate a recommendation on the attitude of the profession to war crimes.

Dr. J. A. Pridham, one of the B.M.A. representatives at the conference, who was elected a member of the first council, gave an interesting account of the proceedings in Paris. He said that the delegates worked very hard in extremely hot weather, and many of them gave up social occasions in order to leave more time for discussions. There was controversy, severe at times. Underneath some of the controversies was a fundamental difference between the French and the English-speaking countries in their conception of the new Association, differences too great to be bridged by compromise. But contention was better than apathy and showed that something big was being built. There were errors of tact on all sides, and all learned useful lessons, but the great fact emerged that nobody was prepared to leave the W.M.A. or to wreck it. He reminded the Council of the precursor of the W.M.A., the A.P.I.M., a body limited to Europe. The idea of the W.M.A. began with a tea-party in B.M.A. House in 1945, was followed by an impressive gathering of the representatives of 30 nations, again in London, in 1946, and finally took shape at this Paris meeting, when 47 nations were represented and all five continents. It was unfortunate that the debate on the relations of medicine

and the State, which was to have been opened by Dr. Dain, and for which the French secretary, Dr. Cibrie, had prepared an impressive document, was crowded out, but even with very limited opportunity the Chairman of Council made the kind of impression to which they were all accustomed.

Dr. Pridham concluded by saying that, if United Nations and its subsidiary bodies such as the World Health Organization were to succeed, it was absolutely necessary that there should be a world body to represent the opinion of the medical profession. The doctors of the world possessed tradition, knowledge, and ethics which were of vital importance to humanity, and they must have a powerful organization which could speak in their name with authority. It was evident from the meeting in Paris that Britain and the B.M.A. were respected, and he believed the B.M.A. could and must give valuable guidance to the World Association which it had done so much to bring to birth.

The "Doctor" Sign on Cars

Dr. S. Wand, chairman of the General Practice Committee, brought forward a recommendation that, notwithstanding an earlier decision, no objection be raised during the period of petrol restrictions to the use by members of the profession of "Doctor" signs on their cars. Mr. R. L. Newell spoke against this recommendation. During the war the sign must have helped doctors to get through a blitzed area, but those conditions no longer existed. Dr. N. E. Waterfield also opposed. Dr. F. Gray spoke in favour. As doctors had the right to use their cars during a period of petrol restriction it was only reasonable that they should be able to avoid being stopped and questioned by the police. Dr. J. B. Miller suggested that when the car was parked the sign might attract the attention of thieves. Dr. R. W. Cockshut suggested some less prominent sign which would be known to the police but would not seem like advertisement. The recommendation was carried and it was agreed that, failing issue by a Government department of an official distinguishing sign, labels of a smaller design than those used during the war might be reissued through local Divisions.

The General Practice Committee report included a statement on action taken on over 30 separate matters.

Industrial Medicine

Dr. Vaughan Jones introduced a report of the Industrial Medicine Committee, the principal matter in which concerned the salaries of industrial medical officers, and eventually a recommendation on this question was carried, but was subject to an undertaking by the chairman of the committee to study again the question of increments within the range of salaries suggested, on which it had not so far been thought advisable to lay down specific figures and to define the term "assistant industrial medical officer." It was considered that the minimum commencing salary of a whole-time industrial medical officer in charge, single-handed or with assistants, should range from £1,000 to £1,750 according to the degree of responsibility, qualifications, experience, and age, and that of an assistant industrial medical officer should be £850.

The committee also submitted its replies to a questionary issued on behalf of the Industrial Health Advisory Committee of the Ministry of Labour and National Service on the development of industrial medical services. The replies were criticized in respect of certain details, and eventually Dr. Vaughan Jones agreed that the committee should look at the report again in the light of the suggestions made.

Dr. I. D. Grant presented a report of the Joint Evidence Committee concerning the scheduling of diseases as industrial diseases under the Workmen's Compensation Acts. The committee had included representatives of the B.M.A., the Association of Industrial Medical Officers, and the Association of Certifying Factory Surgeons. The committee was unanimous in arriving at its report.

Dr. Wand said that this was an excellent report, one of the best pieces of committee work that had come to the Council for a long time. Dr. Cockshut referred to the absence of any recommendation for the education of medical referees. Most of these people were out of touch with factory life, and never saw a factory from one year's end to another.

The Chairman said that this and other points could be brought out in oral evidence which the committee would give to the Departmental Committee on Industrial Diseases.

Dr. Grant said that the committee was indebted to Dr. Agnes Kelynack, Assistant Secretary of the Association, who was responsible for the memorandum.

Consultants and Specialists

On the recommendations of the Consultants and Specialists Committee, whose report was introduced by Mr. A. M. A. Moore, it was agreed that no action be taken at the present time to review the salaries of E.M.S. specialists; that in view of the appointment of the specialist Spens Committee no further action be taken at present to reconsider the minimum salaries for whole-time consultants and other appointments in the public health service; and that representations should be made to the Minister of Pensions that specialist members of his Ministry's medical boards should be remunerated at the rate of 4 guineas a session, and to the Ministry of Health urging the continued payment of part-time consultant members of the staffs of voluntary hospitals. Attention had been drawn to the action of the Minister in refusing to pay part-time consultant members of the staff of a provincial voluntary hospital and proposing to appoint a smaller staff of full-time consultants.

The Marriage Bar

Dr. J. Fenton, chairman of the Public Health Committee, brought forward a recommendation reaffirming the policy of the Association enunciated some 20 years ago that, in considering grounds for the appointment or dismissal of a woman medical officer, marriage should not be made a reason for withholding or terminating an appointment. This was agreed to, and it was further agreed that a copy of the resolution should be sent to the Negotiating Committee and to the Glasgow Corporation and Northern Ireland Government, two authorities which impose the marriage ban so far as women medical officers are concerned.

The report of the Public Health Committee contained an account of the negotiations which have led up to the second interim revision of the Askwith memorandum. Dr. Fenton mentioned that the Society of Medical Officers of Health had conveyed an expression of appreciation to the Chairman of Council for the part which the Association had taken in arriving at the new percentage increases of the Askwith scales.

Some twenty other matters on which action had been taken were contained in the Public Health Committee's report.

Co-ordination of Policy on Remuneration

Dr. E. A. Gregg presented the first report on the committee concerned with co-ordination of policy on remuneration. It contained one recommendation—which was agreed to—that the question of the sessional fee for refraction work be discussed again with the local-authority associations when other questions relating to the payment of medical practitioners employed on a part-time basis by local authorities were under consideration. The bulk of the work of the committee, however, concerned the comparison and co-ordination of the proposals of the various committees with regard to fees and rates of remuneration generally, and in one case it was able to point to, and secure the rectification of, a disparity between the proposals of two committees in respect of salary scales for similar employment.

The Chairman of Council said that this obviously was a very useful committee, and it had been instructive to review the scales of salaries and fees in so many and various fields of activity.

Organization and Public Relations

Dr. Pridham, for the Organization Committee, proposed the establishment of a standing committee on medical films to manage the Medical Film Bureau and the Film Library and to deal generally with matters concerning medical films. This was agreed to.

It was agreed also that a special committee be set up to examine and report on the relationship of the Association to the profession in the Dominions of India and Pakistan. The

position of B.M.A. members in Burma and in Ceylon was added to the committee's reference.

The report of the Public Relations Committee was presented by Dr. Guy Dain. Mr. Newell congratulated the committee on the popular illustrated edition of the report on the care and treatment of the elderly and infirm, entitled *When You are Old*.

A Nutrition Committee Appointed

The Council agreed to appoint a special committee to consider problems of nutrition, including present nutritional standards. This is to be a scientific committee, making a factual report to the Council. The Chairman of Council and the Chairman of the Science Committee (Dr. R. G. Gordon) were authorized to decide its composition. The Chairman said that it had been stated in the report of the Committee on Nutrition appointed before the war that a certain number of calories was essential. The number provided by the present ration was much smaller, and therefore it seemed to be imperative to set up a committee to consider how the present food standards reflected on the national health.

Empire Medical Advisory Committee

In June last the Council resolved to establish an Empire Medical Advisory Bureau, and the Finance Committee now brought forward a scheme of organization for approval. The object of the Bureau was generally to provide a personal advisory service to practitioners visiting the United Kingdom, particularly those from the Dominions and Colonies. The service would include the making available of information concerning facilities for postgraduate study, as well as a wide range of other information, the maintenance of a register of suitable lodgings and hotels and the arrangement of private hospitality, and the organization of social functions and other means to enable practitioners from different parts of the Empire to meet each other and prominent members of the profession in this country. Proposals were made for staffing and finance. The scheme was expected to cost between £4,000 and £5,000 in the first year and more in subsequent years.

The present idea was that practitioners from the Dominions and Colonies should be encouraged to come to this country, and when they came should be encouraged also to make their first call at B.M.A. Headquarters and that the organization there should be available to give them what help they needed.

Dr. J. H. Anderson said that this proposed organization offered a good opportunity for liaison with Branches overseas. Dr. J. G. M. Hamilton reminded the Council that London was not contemporaneous with Great Britain and that there should be co-operation with Branches at home as well as overseas. The Chairman said that it would, of course, be assumed that some of the visiting practitioners would want to go to provincial centres and to Scotland.

A discussion took place on possible alternative titles, but "Empire Medical Advisory Bureau" was most favoured.

The recommendation was agreed to and a committee of management appointed.

Churches' Council on Healing

Dr. Waterfield, for the Central Ethical Committee, said that his committee had discussed the relationship of the Association with the Churches' Council on Healing. It had been feared that members of that body had been adopting unscientific and psychologically unsound methods. A deputation headed by the then Bishop of Croydon (now Bishop of Lincoln) had been received and a lucid description given of the Council's work. The deputation completely allayed the fears of the committee, and a statement had been prepared for submission to the B.M.A. Council and to the Churches' Council on Healing setting out the result of the discussions, which had made it clear that the Churches' Council was doing valuable work and that there existed a field for legitimate co-operation between the two bodies. The statement is published in the *Supplement* at p. 112.

A question was asked by one member whether the list of churches adhering to the Central Council included the Church of Christ Scientist, and the reply was that it did not. The Council was set up by the late Archbishop Temple to co-ordinate the activities of some 13 denominations or groups of churches.

The Chairman said that there was no desire on the part of the Churches' Council to overlap the realm of physical or psychiatric medicine. These churches claimed, quite properly, their place in the work of healing, but they made no claim to heal by laying on of hands or pouring of oil. They wished to provide healing for the spirit.

Dr. Cockshut said that he regarded this statement as a most thrilling document. Very often doctors did not have any contact with the clergy, and very often they did not seem themselves to get to the root of what was wrong with the individual. He envied the members of the Ethical Committee their privilege in starting something which might prove to be of very great importance.

The statement was unanimously approved, and it was agreed that representatives of the Association be appointed to the Churches' Council on Healing.

In June, 1946, the Council approved a statement which had been prepared for the assistance of practitioners who were asked to co-operate in the work of the National Marriage Guidance Council. The statement was now again submitted after revision and agreement between the Central Ethical Committee and the Marriage Guidance Council. The alterations, of a very minor character, were approved. Dr. Dornan objected to the setting up of a list of medical practitioners deemed suitable to provide the advice required. He thought that inclusion in the *Medical Register* should be sufficient. Dr. Sutherland said that the list was open to all practitioners who expressed themselves as competent and willing to render the service required.

The objections were not pressed and the statement was approved.

Scottish Committee

Dr. G. MacFeat presented the report of the Scottish Committee, some of the matters in which have been referred to under earlier headings. He said that a liaison committee had been set up with the Scottish Division of the British Dental Association. The list of members of the Regional Hospital Boards will be found on p. 111. The Scottish Committee had been asked to provide reading-room facilities for post-graduate students in Edinburgh, and it was happy to furnish such accommodation at Headquarters.

Dr. Forbes referred to one matter touched upon in the Scottish report—the fees for reports required by procurators fiscal. The fees in certain cases appeared to be below the fees in England, and it would be desirable to have some co-ordination. Dr. MacFeat agreed that the suggested scale of fees should be reconsidered by the Scottish Committee. The Chairman pointed out the desirability of submitting such questions to the new Committee on Co-ordination of Remuneration. It was agreed that the membership of the Co-ordinating Committee should include the chairman of the Scottish Committee, Dr. MacFeat.

Colonial Medical Service

Dr. J. B. W. Rowe presented a report from the Dominions Committee, the chief matter in which concerned the terms of service in the Colonial Medical Service. It was agreed to draw the attention of the Colonial Office to the inadequacy of the present salary scales, and to inform the department that the Association proposed at a later date to raise the whole question of these salary scales in the light of the findings of the Spens Committee. In the meantime it was felt that negotiations with the department should be opened with a view to securing the adoption retrospectively of percentage increases in the pre-war salary scales on the basis of the second interim revision of the Askwith memorandum. The Colonial Office would be asked to reach a decision on this latter question by Dec. 31 next.

Other Business

Sir Victor Richardson presented the report of the Armed Forces Committee. He said that there had been a deputation from the committee to the Ministry of Commonwealth Relations with regard to the compensation, etc., of officers compulsorily retired from the Indian Medical Service. The committee had prepared a draft of what took place at that meeting, but the draft was still under consideration.

A report was produced from the Arrangements Committee for the Annual Meeting at Cambridge in June next. It contained the nominations for the officers of the sections. Dr. C. M. Stevenson said that the Cambridge people were satisfied with the nominations offered to them and thought they had been treated generously.

A report of the Aliens Committee of the Central Medical War Committee was placed before the Council. This drew the attention of the Council to certain points in connexion with the recently introduced Medical Practitioners and Pharmacists Bill, which provides for permanent registration of certain temporarily registered practitioners and provisional registration of certain others. The Minister, said the Chairman of Council, had now agreed to fix a date after which an alien coming into this country—say, as a farm worker—would not be able at the end of twelve months to go on to the *Medical Register*, a thing which had been happening.

On the motion of the Science Committee it was agreed to suggest to the secretaries of Regional Hospital Boards and university postgraduate committees that postgraduate committees should be modified to ensure the inclusion of representatives from the staffs of local hospitals, local medical societies, and Branches or Divisions of the B.M.A.

Reports were presented from the Insurance Acts and the Hospitals Committees. The business contained therein has already been published in the *Supplement* in the reports of the meetings of those committees. Routine reports were made by the Journal, Staffing, and Building Committees, and a progress report by the Joint Committee on Psychiatry and the Law.

The Council, which had assembled at 10 a.m., rose at 5.30 p.m.

ANNUAL PANEL CONFERENCE

THE MINISTRY OF HEALTH DISCUSSIONS

The Annual Panel Conference of representatives of Local Medical and Panel Committees was held in the Great Hall of B.M.A. House, London, on Thursday, Oct. 30. Dr. J. A. Brown (Birmingham) was in the chair, supported by Dr. E. A. Gregg (chairman of the Insurance Acts Committee) and Dr. Charles Hill (Secretary).

At an early stage in the conference, in view of a number of motions on the agenda calling for a statement of the position with regard to the National Health Service, Dr. H. Guy Dain, Chairman of Council, spoke on the discussions which have been taking place.

Dr. Dain's Statement

Dr. Dain: In February last, after the plebiscite had shown a majority against any negotiation with the Government, the Minister finally accepted the terms upon which we had agreed to enter into discussion—namely, that the possibility of an Amending Act should not be ruled out. The Minister himself on the first occasion met the Negotiating Committee and said that the amendment of the Act was a possibility. Later subcommittees dealing with various parts of the Act were set up, and from February to July a complete examination of the whole structure of the Act was made. These talks were not with the Minister himself but with his officers, and the arrangement was that when they were completed the case which had been put forward on behalf of the profession should be reported to the Minister by his officers. The committee, in order to ensure the proper emphasis on the points for which it was contending, also prepared a document for presentation to the Minister, restating the arguments used for the principles they desired to see established in the Service. The subject at the final meeting with the officers of the Ministry was partnership agreements, and it has been possible to show that sect. 35 of the Act is entirely unworkable.

On a number of grounds a case has been established for the amendment of the Act. The more the case has been argued the more satisfied are those who speak for the profession of the soundness of their principles. I may say that on matters relating to partnerships, agreements, and purchase and sale of practices we have had the best legal advice we could get and have tendered that advice to the officers of the Ministry.

The Minister has undertaken to see us on the afternoons of Nov. 11 and 12, and it is expected that he will then, or soon after, give his answer and say whether and to what extent he is prepared to amend the Act. Our own document and the Minister's reply will afterwards be circulated to every member of the profession. The Council of the Association will meet and decide on the subsequent procedure. It will seek to obtain from the Representative Body an expression of opinion, which will be conveyed to all members of the profession at the time when they will be asked, in a second plebiscite, whether or not they are prepared to accept service. The committee's document is in complete pursuance of what has been laid down at Representative Meetings. There is no secrecy at all about it, but there would have been no point in reporting the discussions week by week, for the arguments used were familiar ones, and the officers of the Ministry of course had no authority to make an official reply. I am very sensible of the patience and forbearance which the members of the profession have exercised over a period of months during which they have received very little information—a period prolonged by the holiday season—but they can be assured that, whatever misgivings have been felt in some quarters, there has been no departure whatever from the principles by which we stand. (Applause.)

Questions by Representatives

Dr. J. A. Ireland (I.A.C.) said that the basis of compensation was causing some perturbation. On what basis was it to be assessed—1939 or present-day figures?

Dr. W. D. Steel (Worcester) asked whether it was contemplated that there would be a Representative Meeting before the plebiscite.

Dr. A. C. E. Breach (Kent) said that even to representatives in that hall, who were mostly in close touch with events, the period had been one of disquiet and uncertainty, and in the rank and file the long delay had meant a decline in enthusiasm and a risk of apathy.

Dr. A. V. Russell (Wolverhampton) said that the Minister on one occasion had told an enthusiastic audience that the doctors were at last beginning to see reason and willing to dance to his tune. They were not willing to dance to any such fiddle or to give up their freedom. Could Dr. Dain say whether the Minister was likely to launch a "blitzkrieg" after this "phony peace"?

Dr. F. E. Gould (Wolverhampton) asked whether any idea could be given as to how long it would be after the "appointed day" before compensation would be paid to those who were in a position to receive it.

Dr. R. W. Cockshut (I.A.C.), speaking as a "die-hard" opponent of the Act, told the conference with confidence that nothing whatever had been given away during these discussions. Except for Dr. Dain and the Secretary, the members of the Negotiating (or better called, the Discussions) Committee had had only a small part to play. The prolongation of the discussions had been an advantage because the further they had gone along the road the better they had been able to point out how this or that would not work. Before they entered upon these discussions many of them were opposed to the Act on principle, but after listening to the discussions he at any rate, if he had been favourable to the Act on principle, would now as a reasonable man have been opposed to it from the point of view of practicability. The procedure Dr. Dain had outlined could not be bettered as a means of ensuring that the voice of the profession would be heard.

Dr. W. Fraser (Cumberland) asked whether the committee still adhered to the principles regarding sale of practices, direction, and capitation fee.

Dr. J. A. Pridham (I.A.C.) endorsed all that Dr. Cockshut had said. He hoped they would not consent to receive a penny of compensation, but would zealously preserve the right to buy and sell goodwill.

Dr. Dain, in reply, said that compensation had not been discussed with the Ministry because they had had no instructions from the Representative Body that it would be willing to accept the loss of goodwill which compensation would involve. The problem of what it would cost the Government to make compensation was entirely outside the discussion. A formula was prepared for their own purposes when the matter was first broached, but the Negotiating Committee had never said a word to the officers of the Ministry on that question. He asked the Secretary to explain the formula.

Dr. Hill said that in the computation of the £66 millions in the Act there was taken by the Government the aggregate pre-war general-practice gross income on the basis of the figures collected by Prof. Bradford Hill in the statistical evidence prepared for the first Spens Committee. If that aggregate was multiplied by 2 and an amount equal to 16% added to the product, the result was rather less than £66 millions. If, again, the aggregate was multiplied by 1.9 and 22% was added, a similar figure was obtained. It was provided in the Act that there should be available for compensation a global sum of £66 millions or an appropriate proportion thereof. If there were fewer than 17,700 practitioners entering the Service there would be a deduction from the £66 millions of an amount equal to one-17,900th part on account of each practitioner to the number falling below the figure stated, but for every practitioner in excess of 17,900 there would be no proportionate increase in the £66 millions.

Dr. Dain, continuing, said that it was impossible to determine what would be the share of any particular practitioner for a long time after the "appointed day," so that any practitioner who was waiting until July 5 in order that he might then retire and claim his compensation was living in a fool's paradise. There would be a Representative Meeting before the plebiscite. A lead would be given by the Representative Body before the plebiscite vote was taken. Some reference had been made to statements by the Minister which suggested that he had the profession eating out of his hand. It was his policy, of course, to tell that to his public.

He agreed that there might have been a damping down of enthusiasm in view of the long interval, but that was not altogether a bad thing. It was out of the question to suppose that enthusiasm could be kept at a high pitch over very many months, and it would rise again and be effective at the proper moment. The committee had put in the forefront its opposition to the abolition of sale of practices and to direction of doctors, and its insistence on the method of remuneration by capitation fee; it had not receded in any way. Were they likely to get what they wanted? They had no idea. The officers of the Ministry, quite rightly, had not given away what the Minister might do. It was for the profession to see to it that he did what they wanted.

Dr. Gregg, in the name of the conference, expressed warm thanks to Dr. Dain. The fact that they had had a discussion of this kind was an indication of the importance attached to the present conference. Every representative was a key man; he was a man who was looked up to and whose opinion was sought in his own area. Someone had talked about enthusiasm. This matter was not going to be brought to a successful conclusion on a wave of enthusiasm but only by dogged determination. He was sure that the profession was satisfied in its leaders. There was no one who was not sure of Dr. Dain. They had had opportunities of trying him out over many years. He had been with them in many a fight and they had full confidence in him and in those associated with him. He begged each of them in his local sphere of influence to act with determination never to surrender until this matter was brought to a successful conclusion. This would be something to wipe out the criticism brought against the profession in 1911. Then they were not united together—they had had no opportunity of uniting. To-day the doctors were a firmly united body, and working together under such leaders he had not the slightest doubt about the result.

The vote of thanks to Dr. Dain was accorded with acclamation.

On a motion by Glasgow it was agreed that, if and when terms came to be discussed, the Insurance Acts Committee, as experts, should be consulted on the capitation fee before negotiations began.

ANNUAL REPORT OF INSURANCE ACTS COMMITTEE

The Conference then turned to the discussion of the report of the I.A.C., published in the *Supplement* of Oct. 4 (p. 77).

N.H.I. Certificates

Dr. J. F. Clarke (Montgomeryshire) moved that the Minister be informed that practitioners would issue N.H.I. certificates for N.H.I. purposes only, and that where an employer asked for evidence of incapacity the approved official forms as issued by the Ministry of Labour and National Service should be used. He had statements by three firms in his own town to the effect that it was their custom to ask for any type of certificate as to incapacity. Workmen objected to paying a shilling for a certificate when the N.H.I. certificate could be used for nothing. While practitioners did not want to multiply certificates, he did not see why the very concise form issued by the Ministry of Labour, for which a fee of 1s. was payable, should not be used.

Dr. J. O. McDonagh (Perthshire) thought the motion inexpedient at a time when they were fighting for less certification. Personally he was always thankful not to have to sign a certificate. It was in the interests of industry in the present crisis that there should be proper certification of illness causing absenteeism. Dr. A. C. Dawes (Smethwick) and Dr. R. S. Paton (Perth) also opposed the motion, the former saying that the Ministry of Labour certificate was an unnecessarily complicated document. The N.H.I. certificate and the private certificate were sufficient to meet all needs.

The motion was lost.

The Dispensing Capitation Fee

Dr. Harrison (East Sussex) moved that in view of present-day costs the dispensing capitation fee was totally inadequate. Many practitioners in his area would prefer not to do dispensing, but it was forced upon them. So long as they had to do this work they expected an adequate fee. The cost of old-time medicines had gone up greatly since before the war, and the newer drugs such as the sulphonamides and others were very expensive.

Dr. Gregg said that in urban areas the payment made to chemists when worked out in terms of capitation fee was 5s. 6d., and in rural areas 5s. They had been informed—and were unable to dispute it—that the payment available for specially expensive drugs worked out at 3d. per insured person, and this, added to the dispensing capitation fee of 4s. 9d., gave an amount equal to that received by the rural chemist. Dr. J. R. Baker (Lindsey) said that for his own rural dispensing list of about 1,300 the new fee would recompense him adequately for the drugs he provided, though not for the cost of a dispenser, or the time spent in dispensing, or the cost of sending the drugs. He complained of the cumbersome methods of claiming for special drugs.

This motion also was lost.

A motion by Swansea, that the dispensing capitation fee should be on a sliding scale in view of the rising trend of dispensing costs, was met by a motion to proceed to the next business.

The National Formulary

Dr. E. J. Allan (Derbyshire) moved to request the Council to consider the publication in the *British Medical Journal* of a series of articles devoted to the practical use of the *National Formulary*, 1947. He said that in the *Formulary* there were a large number of prescriptions difficult to understand. Many of the drugs had strange names; some were too new to be in the reference books, and certain of the pharmacological arrangements of the prescriptions required explanation.

Dr. Gregg said that it would be wrong to conclude that the present *Formulary* would be the one available in the new Health Service. At present a joint committee of the B.M.A. and the pharmaceutical societies was grappling with the problem

of devising a formulary. He thought the suggestion in the motion was a good one for a future occasion, but hardly worth while so far as the present *Formulary* was concerned.

The motion was lost.

Chemists' Hours

Dr. J. Arthur (Northamptonshire) moved that the Ministry be requested to make arrangements to ensure that in every prescribing area at least one pharmacy was open for the dispensing of N.H.I. prescriptions during the evening surgery hours of local practitioners. Dr. Howie Wood (Isle of Wight) said that in many areas insured patients were getting a raw deal in this respect. Chemists in some towns had adopted an evening rota so that only one chemist was on duty. If a doctor asked permission of the insurance committee to omit his evening surgery, what would be said to him? In some areas such permission had been asked and refused. In his area the chemists were under an obligation to the committee to dispense urgent prescriptions, on which they were paid a double dispensing fee, if they resided on their premises, but in one town only one chemist did so.

Dr. C. G. Martin (London) spoke against the motion, feeling that the Ministry ought not to be brought into it at all. If they insisted that the chemists be open at certain hours, the Ministry might insist that doctors' surgeries should be open at certain hours also.

The motion was lost by a large majority.

Reference of Patients to Specialists

Dr. Hayes (Bristol) moved to deprecate the practice of the Ministry in referring patients for specialists' opinions without reference to the patients' own doctors. If the Ministry declined to discontinue this practice the specialists concerned should be asked to consider the ethics of the matter.

Dr. Gregg said that while it was a proper thing to endeavour to make the position plain to the specialists it had to be remembered that in many instances the person to whom the patients were referred was the tuberculosis officer, who was not a consultant in the ordinary sense of the term but had certain obligations outside those of the ordinary consultants and specialists. The I.A.C. had tried to impress upon the Ministry that the proper way to deal with the slack practitioner was not to take responsibility away from him by instituting wholesale references in the Regional Medical Service, which was likely to make the slack practitioner more slack than ever, but to give him more responsibility.

An amendment by East Sussex to substitute the words "That this conference challenges the right of the Ministry of Health to override the ethical tradition of the medical profession" for ". . . deprecates the practice of the Ministry of Health" was accepted, and in that form the motion was carried.

Rural Practice

It was agreed, again on the motion of East Sussex, to draw particular attention to para. 29 of the report of the I.A.C. concerning rural medical practice under the National Health Service. The mover, Dr. Harrison, said that the claims of rural practitioners should be given urgent consideration by the committee. The village might be the last stronghold of the real family doctor, to whom so much lip service was paid. Dr. Gregg assured the conference that the committee had the interests of rural practitioners very much at heart.

Sickness Benefit in Pregnancy

Dr. Howie Wood (Isle of Wight) moved to express profound dissatisfaction with the refusal of the Ministry to accede to the request of the Insurance Acts Committee that where a doctor was satisfied that his patient would not be capable of work until after her confinement he should be allowed to issue a special intermediate certificate without waiting for the qualifying period of 28 days to elapse. Why should a woman during the last four weeks of her pregnancy be compelled to come to their waiting-rooms? If every practitioner were to adopt the suggested procedure and issue a special intermediate certificate the Ministry would soon alter its regulations.

Dr. A. Beauchamp (Birmingham) spoke to the same effect, and Dr. Gregg said that the committee was still pursuing the question with the Ministry.

The motion was carried.

Postgraduate Courses for General Practitioners

Dr. W. H. Hayes (Bristol) asked the conference to express the opinion that doctors living within a short radius of large hospitals would best be kept up to date by constant attendance on their patients when they went to hospital for consultation or treatment. Special refresher courses were an inferior form of postgraduate teaching and should be reserved for those practising remote from teaching centres. He did not expect immediate action to be taken on this motion, but in the future a more satisfactory state of things might be achieved.

Dr. F. Gray (London) hoped the conference would look at this proposal carefully. Was it a practical proposition that all the doctors in large cities should be visiting their patients in the different hospitals? The mover had spoken lightly of extra pay—pay was to be based on the assumption of such service of mutual benefit to patient and practitioner. He was willing, apparently, to assume a tremendous obligation without any guarantee that practitioners would receive anything whatever for a great increase of work. Practitioners had their own job to do, for which they were specially qualified. Their job was to endeavour to cut short minor illness and to keep their patients healthy before they got to the hospital stage. They had sometimes been told, in quarters not very friendly to the general practitioner, that the only way to keep the general practitioner up to date was to see that he went into hospital and was under the supervision of specialists. That was unnecessary and untrue; they did their best work in their own surgeries.

Dr. S. Wand (Birmingham) said that many of them believed that the general practitioner should be in constant association with some kind of hospital at which consultants and specialists were in regular attendance. Whether the motion from Bristol would achieve this or not was a matter which need not concern them in too much detail, but the principle behind the motion was sufficiently good to justify further consideration by the I.A.C.

It was agreed to refer this motion to the committee, together with another from the same source, drawing attention to the inadequacy of short courses of study and expressing the view that a refresher course should be of at least three months' duration. The mover said that there was no slur on the general practitioner intended in the Bristol motion.

Dr. C. W. Marshall (Exeter) said that it was unfair and anomalous that the single-handed practitioner should receive from the Government a fee for a locumtenent when the practitioner was attending a postgraduate course, whereas the practitioner who had a partner or assistant received no such grant.

Dr. C. F. R. Killick (I.A.C.) considered that so long as the work of the practice was continued satisfactorily it was immaterial from the point of view of the Government whether it was done by a locumtenent or a partner, and the fee should be given as a right in either case. Dr. J. A. Ireland took another view. Considerable success had been achieved in getting a fee for a locumtenent granted by the Ministry, and he thought the matter should be allowed to rest there.

An Exeter motion "That when a practitioner attends a postgraduate course the fee for a locumtenent should be forthcoming from the Government as a matter of right" was carried by 75 to 53.

A motion by Swansea was also carried to the effect that the body promoting the postgraduate courses should arrange a panel of locumtenents from which a practitioner attending such a course might be able to secure suitable help while absent from his practice.

On a motion from the Isle of Wight para. 42 of the Annual Report dealing with recruitment of doctors and protection of practices was amended so that it read ". . . satisfactory arrangements of an *ad hoc* nature can and should be made for the protection of the practice of any doctor who is in need of such assistance." The words "can and should" took the place of the permissive "could."

Dr. D. F. Whitaker (Surrey) moved a resolution of congratulation to the I.A.C. on securing an increase in the capitation fee, the mileage fund, and the dispensing capitation fee.

The resolution was carried unanimously, and the report of the committee was then approved.

ELECTIONS

It was announced that Dr. J. A. Brown was the only person nominated for the chairmanship of the conference, and he was accordingly re-elected.

The following were elected by the conference to the Insurance Acts Committee: Drs. A. Beauchamp, I. G. Innes, J. A. Ireland, J. A. Pridham, F. M. Rose, and W. Woolley.

Dr. C. G. Martin was elected to represent the conference on the Conjoint Committee of Epsom College in place of Dr. J. G. Greenfield, who has represented the conference on that body for ten years and has now resigned. A vote of thanks was accorded to Dr. Greenfield for his services.

Dr. Brown, in returning thanks for his re-election, said that he did not know what form the conference would take next year, but whatever form it took he would endeavour to serve them as before.

NATIONAL INSURANCE DEFENCE TRUST

Dr. J. W. Bone (Treasurer of the National Insurance Defence Fund) presented the balance-sheet. He said that up to the end of 1946 a sum of £325,500 had been accumulated. The actual sum was larger than this because the investments were shown at cost, and at the current market figure were worth perhaps £50,000 more. The amount received in subscriptions in 1946 was only £18,000, and this with dividends and interest gave a total income of £24,000—a position which he did not regard as entirely satisfactory.

A special appeal was made in February of this year, and since then the heartening total of £126,000 had been received. If that rate were maintained until July of next year the target of £1,000,000 would not, of course, be reached but they would be well on their way towards it. He drew attention to certain areas which had as yet paid only small percentages of their quota—what he referred to as scandalously small amounts. These defaulters were injuring the prospect of reaching the target. During the last five weeks a sum of just upon £41,000 had been received. In conclusion he expressed the opinion that they would want all this money—and very soon.

The accounts of the Trust were approved.

MISCELLANEOUS MOTIONS

The conference proceeded to consider a number of miscellaneous motions from panel committees. One was from Bristol deprecating the fact that medical practitioners, as a profession, should have to certify that their patients were habitual smokers or snuff-takers. Certification should be limited on this and other forms to the witnessing of the signature of a person or patient known to them and not be regarded as a guarantee of his or her habits or desires.

Dr. S. Wand said that action on this matter had been already taken. He could not conceive how it should be expected that doctors should be in possession of information that old-age-pensioner patients were habitual smokers or snuff-takers. What was more important, however, was that they had to witness their signature, and many of these persons were confined to their homes and even to their beds, so that it was necessary to visit them for this purpose.

The Bristol motion was carried unanimously.

Dr. J. Beck (Glasgow) moved to instruct the committee to ask the Ministry to issue definite directives as to the procedure to be observed by new entrants seeking to obtain medical benefit and as to the issue of evidence of title to such benefit. Dr. A. Hamilton (Leicestershire) said that this difficulty appeared to arise particularly where the cards were received at the Post Office, not at the Labour Exchange. The remedy might be to give a postcard along with the card issued at the post office and to have this sent to the appropriate insurance committee. Dr. Gregg said that it would be desirable to obtain rather fuller knowledge about this than was available at the moment.

It was agreed to refer the matter to the I.A.C.

Doctors' Cars, Telephones, Surgeries

Dr. A. Owen (Lancashire) had a motion pleading for effective priority for doctors in the supply of motor-cars, the Government to be asked to insist that this priority be given by the manufacturers, if necessary direct, and not through the usual agency channels. He said that, in the North of England at any rate, many doctors went about in cars which were not fit to be on the road.

Dr. S. Wand said that Headquarters was doing everything in its power on behalf of doctors without cars or whose cars were worn out. Dr. A. B. Davies (Walsall) said that they all appreciated the work done by the B.M.A.; the difficulty did not lie there. It was apparently necessary to satisfy a needs test before a doctor's name could be put down on the list at all. Certificates from garage people or others had to be produced that the existing car was not only unroadworthy but incapable of being made roadworthy. Many of them also had cars of old vintage and found difficulty in obtaining spares, which were often as important as new cars.

Dr. L. S. Potter (Assistant Secretary) said that such a resolution would assist the efforts he was making to convince the Ministry of Supply that there would be a breakdown in many parts of the country if this problem were not settled now. He had between 2,000 and 3,000 cases of urgency, and this number represented only about one-fifth of the orders outstanding from doctors. Technically in the list of priorities doctors, nurses, and midwives were second only to the police, but this did not work out in practice. An approach to the manufacturers was being made, and he would continue to do his best to keep in close touch with whatever seemed likely to be of help in this deplorable situation.

The motion was carried unanimously.

Dr. D. Saklatvala (West Bromwich) moved that the Government should be approached by the B.M.A. with a request that doctors should be free to use their cars without any limitations as to purpose, provided they were within a radius of 15 miles from their homes, special arrangements being made in the case of rural practitioners for a greater radius if necessary. He pointed out that members of the profession were continuously on call; they worked longer hours than other classes of the community, and their leisure time was tenuous.

Dr. Wand said that a meeting had taken place recently with the Permanent Secretary of the Ministry of Fuel and Power on this subject, and his reply was now awaited. He proceeded to argue that on this question of being at call doctors were in a completely different position from the members of any other profession or business.

The West Bromwich motion was carried unanimously, as was a further motion by Stoke-on-Trent declaring that as doctors had to maintain a twenty-four-hour service, and were on call throughout, they should be allowed to use petrol for social calls within a limited radius of their residences. Dr. Wand pointed out that in general the Ministry had agreed to the use of "E" petrol for scientific or divisional meetings.

Dr. Howie Wood (Isle of Wight) had a resolution that arrangements should be made whereby telephone messages could either be forwarded to a practitioner's deputy or suitably recorded when a practitioner's telephone was unattended. He said that a robot telephone device was offered for installation at a cost of £80 for each doctor if more than a hundred doctors agreed to take it, and he suggested that the supply of suitable apparatus might be financed through the Defence Trust. This was a matter which affected the health insurance service, and it was not reasonable to expect that, as now happened in many cases, either the doctor or his wife must constantly be available at the telephone.

Dr. Wand said that the General Practice Committee had taken up this matter, and a statement on the present position with regard to special apparatus and service would shortly appear in the *Journal*. It was possible in some areas to make arrangements locally for the taking of messages. He suggested that in all areas where it was desired to have some scheme of this kind an arrangement be made with the local post office. As for the suggestion that the National Insurance Defence Trust be asked to finance suitable apparatus, the first 5,000 applicants for the robot telephone would wipe out the Trust Fund entirely. Dr. Gregg said that it would be ridiculous to hold out any hope

of the attachment of any part of the funds of the Trust for a purpose of this kind. Dr. J. O. McDonagh thought that ill-considered, almost facetious suggestions of this kind were damaging at a time when an endeavour was being made to get contributions to the Trust Fund from backward areas.

Dr. Howie Wood withdrew the suggestion concerning the Defence Trust, and the general question of telephone service arrangements was referred to the Committee.

Dr. J. E. Darlow (Boston) moved to direct the attention of the I.A.C. to the fact that many practitioners used rented surgeries and that owing to lack of accommodation many such practitioners were threatened with considerable increases of rent. He suggested that the matter be referred to the Ministry of Health with a view to ensuring that practitioners did not suffer thereby. In one small town in his district there were ten doctors: two of them owned their own houses and practised there; one lived in a rented house where he practised, but the other seven practised in lock-up surgeries and found that rents kept going up.

Dr. W. Jope (I.A.C.) said that since the war started the capitation fee had been increased from 9s. to 15s. 6d., an increase conceded to some extent owing to the greatly increased cost of running a practice. Therefore he hoped the motion would not be accepted in its present form.

The mover withdrew the reference to the Ministry of Health, and as a reference to the I.A.C. the motion was carried.

National Health Service Questions

A motion by Buckinghamshire was agreed to without discussion. It drew attention to the fact that the advent of penicillin and other drugs requiring frequent parenteral administration had increased the time spent by the insurance practitioner (especially the rural practitioner) in his practice, and that this should be borne in mind by representatives of the profession if and when discussions took place on the remuneration of the general practitioner in the National Health Service.

Dr. H. W. Pooler (Derbyshire) asked that in reaching agreement on the question of mileage allowance under the National Health Service the present system whereby rural practitioners are not allowed mileage for patients residing in urban districts should be abolished. A country doctor whose patient happened to reside in an urban area could not charge mileage fees, even if his residence was more than two miles from the residence of the patient, whereas an urban practitioner whose patient lived more than two miles out in the country was entitled to do so—an entirely inequitable position.

Dr. Cobb (York) said that if an urban doctor went out to a patient in the country, and that patient lived within two miles of a rural practitioner, mileage was not allowed. What was sauce for the goose was sauce for the gander. Dr. Gregg said that conditions in this respect varied in different areas.

A motion in the sense of the Derbyshire representation was agreed to, as a recommendation both to the I.A.C. and the Negotiating Committee.

Representation on Health Committees

Dr. Talbot Rogers (I.A.C.) moved:

That in view of the desire of the Minister of Health for the close and continuous co-ordination of the local health authorities' services under Part III of the National Health Service Act, with the general medical services on the one hand and the hospital services on the other, the conference endorses the opinion that this co-ordination cannot be achieved unless the health committee includes proper representation of the medical profession in the area after consultation with the local medical committee.

He reminded the conference that it was laid down in the Act that every local health authority should establish a health committee, and that slightly more than half of its members must be members of the local authority. When these matters were under discussion before the Bill was introduced the Negotiating Committee took the matter up with the Ministry and pointed out that there had been disappointing previous experience of permissive powers given to local authorities. They were promised that, although it could not be put into an Act specifically, there would be a sufficiently strong directive from the Ministry to local authorities. The Minister of Health had carried out that part of his bargain, but his circular on the subject had been completely ignored in many parts of the country, and health committees were being set up without any approach to anybody interested outside the membership of the council.

Dr. Gregg said that while it was true that the position was not as satisfactory as might be wished, it was better than many imagined. Out of 62 county councils, 42 had actually co-opted members of the medical profession on the health committee, and out of 83 county borough councils 55 had done so. Dr. J. A. Ireland (Shropshire) said that on his own county council there was only one medical member; she had been a member for three years, but had not yet been co-opted on the health committee. Dr. F. C. Cozens (Kent) said that his county council had prepared immunization and vaccination schemes without consultation with medical practitioners, and had been prepared to use health visitors for working the immunization scheme without any agreement with the doctors. The local medical committee should be consulted in the making of such schemes before they became public. Dr. F. H. Rose (Preston) said that some health authorities were evading their duty in this matter of co-option by offering membership of or consultation with some of their subcommittees. Such co-option should be refused unless there was co-option to the full committee. Dr. L. H. Wilson (Sheffield) and Dr. D. Saklatvala (West Bromwich) supported the motion.

Dr. Dain said that he came from a city which had completely refused to accept the Minister's directive, but a large proportion of authorities had done so, which made it the easier for the profession to insist that in the amending Act it should be made obligatory on councils to appoint medical members to their committee.

Dr. S. A. Forbes (Croydon) said that in his constituency they fought the battle ten years ago and got two members of the local profession co-opted on the local health committee. When the question arose as to medical representation on health committees under the new Act a cut-and-dried scheme was placed before the committee, which would have been accepted had it not been for the strong arguments of their representatives. The matter was referred to a subcommittee. At first it was suggested from the local authority side that there should be two medical members but with no voting power. This was argued out before the full health committee, and in the result the medical profession got three representatives on that committee, with voting power, and two representatives on every subcommittee who need not necessarily be members of the main committee. Altogether they might have a representation of ten to be chosen by the local medical committee. There was also an agreement that medical members should be appointed to every additional subcommittee, and that all schemes put forward by the local authority should be sent to the local medical committee for its observations before the local health authority considered them. (Applause.)

The Kent motion was carried unanimously, as also was a motion by Sheffield deploring the failure of many statutory authorities to appoint medical practitioners as members, and instructing negotiators to press for an amendment of the Act in this respect.

Dr. Talbot Rogers further moved that where a local health authority refused to use its powers of co-option the I.A.C. should take all practicable steps, centrally and locally, to ensure that proper medical representation was obtained. It might be suggested to the Minister that he should withdraw his approval of schemes of local authorities which were not constituted according to his directive.

Dr. J. H. E. Moore (Leeds) argued that no health authority was properly constituted unless it contained outside members. In section 19 the word "majority" was used (a majority of members of the local authority); if "majority" meant the greater part, it followed that there must be a lesser part without which the local health authority was not constituted. Dr. Talbot Rogers said that, unfortunately, "majority" might also be interpreted as 100% of the council, and councils which made no co-options were in their legal rights in so doing.

This motion also was carried unanimously.

Purchase and Sale of Practices

On the motion of Dr. F. M. Rose (Preston) the I.A.C. was asked to explore the possibility of preparing a scheme, with

authority to establish a special fund to finance the purchase and sale of practices, designed to eliminate the objections experienced in the past.

Future of the I.A.C. and of the Conference

Asked by Burnley and Swansea about the future position of the I.A.C. and the conference in view of possible impending changes, Dr. Gregg said that such questions could be answered more or less as a matter of common sense. If it had been found necessary in National Health Insurance to have certain organizations, non-statutory but essential to the scheme, it would be found just as necessary under any extended scheme of provision. He had no doubt that if the I.A.C. was replaced it would be by a body of different name but composed to a great extent of the same people, elected, of course, by the whole profession. He believed that the new local medical committees would proceed to set up a body *vis-à-vis* the Ministry to look after their interests, and it would be impossible for such a body to operate successfully without something analogous to the present conference. With regard to the Defence Trust, its basis had been so framed as to be applicable to an extended service, and the same might well apply to funds accumulated by panel committees which had completed their quota and to certain benevolent trusts. The I.A.C. would make it its business to ensure a smooth transition with proper safeguards.

On a motion by Wallasey, that the Minister be asked to assure practitioners that accumulated funds in respect of insured persons under the new scheme who failed to exercise their right to select their doctor would be distributed to practitioners on a *pro rata* basis similar to that in operation under the present scheme, Dr. Gregg said that there was too much "if" in this resolution. Those who did not want any private practice might ally themselves with it, but he thought he spoke for the great majority when he said they did not want private practice wiped out, and if there was to be private practice as well as public practice they must be very careful how they handled a matter of this kind.

It was agreed to pass to the next business.

The Dain Fund

Dr. Dain expressed his pleasure at the adoption of the Dain Fund by the conference and by panel committees. A trust had been formed to help in the education of the children of doctors who were in economic difficulties owing to the death of the father or to family misfortune. Here was a form of charity which very properly belonged to them as doctors and which was worthy of extended support. Some very generous donations had been forthcoming from various areas. It had been decided that half of what was received should be spent as current income and half should go to increase the capital. During this year up to the end of September £581 had been received. He was grateful to the conference for taking it up and placing it on a bigger basis than at one time seemed possible.

The conference concluded with a vote of thanks to the chairman.

PANEL CONFERENCE DINNER

The representatives who had attended the Panel Conference on Oct. 30 dined together the same evening at the Piccadilly Hotel, with Dr. J. A. Brown in the chair. After a day of oratory, speeches were at a minimum both in number and length. Dr. J. Beck, of Glasgow, proposed the health of the Insurance Acts Committee. Dr. E. A. Gregg's speech in response sounded rather like the swang song of the I.A.C., but in other respects it recalled the phoenix, for he was sure that the members of the new body, whatever name it might bear, would be much the same as of the old, and their spirit of devotion to the interests of the profession would be no less. Dr. S. A. Forbes proposed the health of the Chairman, and spoke of Dr. Brown's long service so quietly and effectively rendered, the soundness of his judgment, and his invariable courtesy. Dr. Brown, in reply, spoke up for that "hard-working, much abused, and grossly underpaid member of the community—the general practitioner." The general practitioner, he said, was not, as was suggested some years ago, a super-snooper for the specialist, or the consultant's pet; he was doing a good job of work and with a great sense of responsibility. Dr. Brown mentioned some of the humours of practice—the remark, for instance, of the patient who had been listening to a radio play the night before which had a doctor as the principal character: "It was a lovely play—the doctor died." Through the enterprise of Dr. Jope a collection was taken at the tables for the Dain Fund, and realized £113—£14 more than last year. Dr. Dain thanked the members for this, a personal contribution—not from committees; and spoke again of the object of the Fund—the education of doctors' children orphaned or in reduced circumstances. The health of the Secretary and staff was toasted, and Dr. Charles Hill and Dr. Leslie Potter made suitable replies.

The evening was enlivened by the appearance of Gillie Potter, who described what they think in "Hogsnorton" of the new Health Act.

SCOTTISH REGIONAL HOSPITAL BOARDS

The Secretary of State for Scotland announced on Oct. 30 the names of the members of Scotland's five Regional Hospital Boards. The appointments are as follows.

Northern Regional Hospital Board.—Mr. Donald Macpherson (chairman), who is appointed for the period ending March 31, 1951.

Appointed for the period ending March 31, 1950: Col. the Hon. I. M. Campbell, D.S.O., T.D.; Miss M. B. Clyne; Mr. Robert Gilbert; Dr. Isaac H. Maciver; Rev. Father Neil MacKellaig; Mr. D. A. Plowman.

Appointed for the period ending March 31, 1951: Mr. A. J. C. Hamilton, F.R.C.S.; Rev. Ian M. MacRury; Mrs. Macleod of Macleod; Mr. Norman Robertson; Mr. Thomas Scott.

Appointed for the period ending March 31, 1952: Dr. John R. Anderson; Mr. John S. Banks; Mr. Norman MacIver; Mr. A. Mackintosh; Dr. William McWilliam; Mr. B. Soutar Simpson, F.R.C.S.Ed.

North-eastern Regional Hospital Board.—Mrs. May D. Baird (chairman), who is appointed for the period ending March 31, 1951.

Appointed for the period ending March 31, 1950: Dr. A. Greig Anderson; Bailie W. J. L. Dean; Dr. D. G. Gordon; Mr. James Hay; Miss Bell Jobson; Mr. Fred Martin, C.B.E.; Mr. Robert Oilason.

Appointed for the period ending March 31, 1951: Prof. David Campbell, *M.C.*; Prof. John Cruickshank, C.B.E.; Rev. George A. M. Dickson; Mr. A. Fraser; Miss F. E. Kaye; Prof. D. R. MacCalman.

Appointed for the period ending March 31, 1952: Prof. R. S. Aitken; Capt. J. S. Allan, D.L.; Mr. James M. Burnett; Mr. J. Roy Campbell; Mr. Alexander Lyon, D.S.O., T.D., D.L.; Dr. Ian H. McClure, O.B.E.; Mrs. Helen M. Taylor, M.D.

Eastern Regional Hospital Board.—Treasurer, Mr. William Hughes, O.B.E. (chairman), who is appointed for the period ending March 31, 1951.

Appointed for the period ending March 31, 1950: Dr. A. Allan Bell; Mr. John R. Christie; Mr. R. A. L. Duncan; Miss Ann S. Graham; Dr. James Lawson; Mrs. A. L. Matthew; Dr. J. D. Saggar.

Appointed for the period ending March 31, 1951: Provost William Coull; Mr. D. F. Craig, J.P.; Miss Margaret Fairlie, M.D.; Prof. Adam Patrick; Mr. Lewis F. Robertson, M.B.E.; Rev. A. Wylie Smith.

Appointed for the period ending March 31, 1952: Mrs. Agnes F. Allan, J.P.; Mr. T. M. Ferguson, O.B.E., J.P.; Prof. A. D. Hitchin; Mr. William O'Neill, J.P.; Mr. James E. Prain; Dr. G. Rankine; Mr. W. J. Ross.

South-eastern Regional Hospital Board.—Dr. James R. C. Greenlees, D.S.O. (chairman), who is appointed for the period ending on March 31, 1951.

Appointed for the period ending March 31, 1950: Mr. James Black, J.P.; Prof. J. C. Brash, *M.C.*; Miss J. J. Ferguson; Prof. Sir David K. Henderson; Mr. Ben McKay; Miss I. McNeill; Dr. Andrew Simpson; Miss E. Stirling; Sir Henry Wade, C.M.G., D.S.O.

Appointed for the period ending March 31, 1951: Mr. J. Allan; Bailie John G. Banks, J.P.; Dr. R. W. Craig, O.B.E.; Lady Fraser; Mr. R. K. Henderson; Prof. T. J. Mackie, C.B.E.; Miss M. C. Marshall, O.B.E.; Mr. David Martin.

Appointed for the period ending March 31, 1952: Mr. O. A. Cunningham, T.D.; Mr. W. P. Earsman, J.P.; Mr. I. Simson Hall, F.R.C.S.Ed.; Mr. W. F. T. Haultain, O.B.E., *M.C.*, F.R.C.S.Ed.;

Sir Humphrey Broun Lindsay, D.S.O.; Mr. James McKelvie, J.P.; Prof. Sidney Smith, C.B.E.; Mr. John Sneddon; Major E. G. Thomson, *M.C.*

Western Regional Hospital Board.—Sir Alexander Macgregor, O.B.E. (chairman), who is appointed for the period ending March 31, 1951.

Appointed for the period ending March 31, 1950: Mr. J. Bruce Dewar, J.P.; Mr. James Finlay; Mr. R. McCracken; Mr. Andrew McGroarty; Miss L. D. F. McIntyre; Bailie S. P. McLaren; The Hon. Mrs. Maclean of Ardgour; Dr. Angus MacNiven; Mr. G. H. Stevenson, O.B.E., *M.C.*, F.R.C.S.Ed.; Mr. J. Stewart, J.P.; Dr. J. H. Wright.

Appointed for the period ending March 31, 1951: Mr. Lawrence S. Blanche; Prof. T. Ferguson; Rev. J. A. Fisher; Prof. C. F. W. Illingworth, C.B.E.; Mr. James Jack; Miss J. D. Jolly; Dr. George MacFeat, O.B.E.; Bailie A. C. Manuel, J.P.; Mr. George L. Peacock, J.P.; Mr. Joseph E. Russell.

Appointed for the period ending March 31, 1952: Mr. William Baxter; Mr. John Dunlop; Provost E. Fyfe, M.B.E.; Bailie Edward Lawson; Mr. Alex. S. MacLellan; Mr. Alexander Miller, F.R.C.S.Ed.; Provost C. Minihan; Mr. A Moncrieff Mitchell; Mr. William Reid, J.P.; Dr. Alex. Watt; Prof. G. M. Wishart.

MEDICINE AND THE CHURCH

STATEMENT APPROVED BY COUNCIL

The Council has considered and discussed with representatives of the Churches' Council on Healing the relationship of doctor and priest or minister in connexion with their respective vocations and the ways in which their co-operation will be of service to the community. Leading a deputation to the Central Ethical Committee of the B.M.A., the Bishop of Croydon (now Bishop of Lincoln) gave a concise exposition of the principles and aims of the Churches' Council on Healing. He stated as a basic principle that the subject of healing should be approached from a threefold standpoint—body, mind, and spirit. These three aspects of the human being were so interdependent that successful treatment of disease in one was not possible without consideration of the others. With this conviction in mind the late Archbishop Temple set up a committee to correlate the activities of associations already in the field. The healing of "the whole man" was its main concern. The Archbishop's committee has now been established permanently as the Churches' Council on Healing. In its own words the Churches' Council on Healing "affords a recognized basis for the co-operation of doctors and clergy in the study and performance of their respective functions in the work of healing, and to promote this co-operation in thought and action throughout the country."

Inquiries have been received on the subject at B.M.A. Headquarters, particularly on the propriety of the association of doctors with clergy as unqualified persons who might be concerned with the treatment of patients. For this reason the Central Ethical Committee invited the Churches' Council on Healing to send a deputation to discuss the matter from every angle and to obtain information concerning its objects and methods. Subsequently the Central Ethical Committee met the Medical Advisory Committee of the Churches' Council.

From these discussions it has become clear that this body is doing valuable work and that there exists a field for legitimate and valuable co-operation between clergy and doctors in general and between the Churches' Council of Healing and the Association in particular. The Council of the B.M.A. is of opinion that there is no ethical reason to prevent medical practitioners from co-operating with clergy in all cases and more especially those in which the doctor in charge of the patient thinks that religious ministrations will conduce to health and peace of mind or lead to recovery. Such co-operation is often necessary and desirable and would help to prevent abuses which have arisen through the activities of irresponsible and unqualified persons. Among other reasons the Churches' Council on Healing exists to safeguard the interests of those people who might become the victims of so-called faith healers. Much harm has been done to individuals by unreasonable appeals to the emotions and by mass hysteria.

A central liaison has been established by the appointment of representatives of the Association to attend meetings of the Churches' Council and *ex officio* to serve on its Medical Advisory Committee. It is considered that most useful work may be done by close personal contact between doctor and clergyman, with an interchange of views and active co-operation where possible. With regard to the co-operation which can be secured at a Divisional or parochial level, it is considered that arrangements can best be left to the B.M.A. Divisions acting in concert with any branch organization of the Churches' Council or similar body. Joint activities might include the appointment of and co-operation with hospital chaplains and their deputies, education of the public, and informal discussions between doctors and the clergy.

In addition to the above suggestions, which in some measure have already been the custom of doctors and clergy in different parts of the country, it would seem desirable that the whole field of medical practice in relation to the work of the Church should be explored. Moral aspects in the cause, treatment, and prevention of disease cannot be overlooked, and in this field also it is desirable that there should be fuller co-operation. Medicine and the Church working together should encourage a dynamic philosophy of health which would enable every citizen to find a way of life based on moral principle and on a sound knowledge of the factors which promote health and well-being. Health is more than a physical problem, and the patient's attitude both to illness and to other problems is an important factor in his recovery and adjustment to life. Negative forces such as fear, resentment, jealousy, indulgence, and carelessness play no small part in the level of both personal and national health. For these reasons we welcome opportunities for discussion and co-operation in the future between qualified medical practitioners and all who have a concern for the religious needs of their patients.

Correspondence

Working Hours in the N.H.S.

SIR,—Many letters have appeared in the *British Medical Journal* and articles in the Press about working hours in the National Health Service. They all stress the fact that the medical practitioner is grossly overworked under the present panel system, but by some strange process of reasoning they forecast regular hours, frequent week-end leave, holidays with pay, and attendance for postgraduate instruction under the National Health Service.

The average mixed general practice is composed of one-third N.H.I. patients and two-thirds private (or fee-paying) patients. When the National Health Service commences, private practice will become severely restricted. All National Health Service patients will be entitled to medical advice without the payment of a fee and will consult their doctor far more often. Where there are now 30 or 40 patients in an evening surgery there will be 60 or 70. The number of visits will be greatly increased.

The medical practitioner in sheer self-defence will have to refer more patients to hospital out-patient departments, and the patients will also demand specialist opinion far more frequently. The present resources of the hospitals will be quite unable to deal with these increased numbers.

No, Sir; if the National Health Service is fully implemented in July, 1948, the result will be chaos.—I am, etc.,

Torquay. GEORGE T. ALLERTON.

SIR,—The recent correspondence on fixed duty hours quoted by Dr. Firman (*Supplement*, Nov. 1, p. 100) as a "flood" seems but a splash of clumsy propaganda for a full-time salaried State service with all the control and direction necessarily entailed. This writer claims that the genuine G.P.—and I underline genuine—sees relief in such arrangements from a life of slavery and believes that among the overwhelming number of representatives who voted against a motion for its introduction at the last A.R.M. there were no genuine G.P.s. Later in his letter he makes a cheap sneer by suggesting that anyway representatives could be only men with "better class" practices, although perhaps I have mistaken his meaning of "better class."

As a G.P. with a large panel practice I cannot claim to have been or to have felt a slave, unless to my own conscience, and I would suggest that there is no need for slavery unless a practitioner takes on too much for his ability and fails to organize his relief through inefficiency or lack of personality. Through the last twenty years a vast number of general practitioners have organized group practice in the formation of partnerships which do not necessarily entail close financial commitments. Under such conditions the group of doctors with whom I work have managed to assure themselves of a free half-day every week, three Sundays free in every month, and a long week-end—i.e., mid-day Friday to Monday morning—at least once a month. Thus, it will be seen that small units of group practice can supply the needs of most doctors and at the same time give the patient a reasonable assurance of some degree of continuity of treatment, as members of the group soon realize the likes and dislikes of their colleagues for certain forms of treatment. The patient feels also that the visiting doctor is chosen by and is closely in contact with their own doctor and not any other doctor chosen by that remote body the "State."

Finally, let me remind Dr. Firman that no less than 17 ordinary genuine general practitioners are members of the Negotiating Body and that a special General Practitioner Subcommittee of the Negotiating Body was formed to discuss the particular problem of general practice with the Minister.—I am, etc.,

Watford, Herts. A. STAVELEY GOUGH.

Working Day in the Services

SIR,—Your correspondents F./O. (*Supplement*, Sept. 13, p. 66) and F./Lieut. (*Supplement*, Oct. 18, p. 92) are apparently mistaken in their conception of the duties of the Services medical officer. They are suffering from the same kind of error as a medical officer of health who, in addition to his normal duties, is charged with caring for the health of the town hall staff and who complains that looking after the health of a few hundred people does not keep him fully occupied.

It is true that they may have to see only three or four patients a day and that this will keep them occupied for only a very short time, but perhaps one may ask whether they have (*a*) satisfied themselves that the station water supply is pure and adequate; (*b*) done the same for milk and all other food supplies; (*c*) familiarized themselves with the job of every man on the station, and satisfied themselves that nothing can be done to improve the hygienic conditions under which it is done; (*d*) trained the entire station personnel in first aid; and perhaps one might venture to add (*e*) thoroughly trained themselves in the same subject; (*f*) satisfied themselves that the standard of hygiene in all cook-houses is adequate and the food cooked to the best advantage to preserve its nutritive qualities. This list could, of course, be considerably extended.

Medical officers called to the Forces, or at any rate to the R.A.F., are mostly required not to act as general practitioners but as practitioners of the allied art of keeping fit men fit. For a general practitioner to complain that his services are not fully utilized because he can only work as a general practitioner for an hour or so a day is precisely as reasonable as for a solicitor called to the Forces to complain that he has few opportunities to use his legal training.

Your correspondent F./Lieut. asks for a chance to work. I suggest that he applies himself to a few at least of the suggestions I have given or some of the many others he could certainly get from his commanding officer or his senior medical officer.—I am, etc.,

R. E. W. FISHER,
London, N.1. Wing Commander, R.A.F.O.

War Service and Hospital Appointments

SIR,—I am a recently demobilized medical specialist and keenly follow the few advertised senior appointments. So I asked for the official application form for the vacant appointment of an assistant physician at a certain hospital. This is a very thorough questionary of two pages, asking a great many useful questions regarding day of birth, matrimonial status, whether R practitioner, and if the present appointment is a B1 or B2 one. The appointment is a temporary one while the present holder will be away on military service. It seems, therefore, suitable to the council not to ask one question, unimportant when filling such a vacancy: whether the applicant is an ex-Service medical officer or not.

While with the R.A.M.C. I did not regard the years spent in the Service as wasted. Even to-day, when balancing up, I feel I learnt more medicine than I forgot. I am only growing critical regarding the wisdom of having given up a safe E.M.S. appointment now, when seeing such (not by all means isolated) cases, which clearly show that war service is no additional qualification for hospital appointments. During the war we were repeatedly promised that all appointments would be filled only temporarily, thus offering at least an equal chance to serving M.O.s for the permanent appointments. We know that in too many cases that promise remained what Hitler once named a scrap of paper. But the appointment at that hospital and the conditions attached to it show too clearly the changed attitude. Not only will the job be reserved for its (probably very eminent) war-time holder, but, even when filling the temporary vacancy, war service counts for nothing.—I am, etc.,

London, N.W.11. EX-SERVICE DOCTOR.

Basic Petrol

SIR,—The letters from Dr. H. S. Pasmore (*Journal*, Oct. 18, p. 632) and Dr. C. E. Brown (*Supplement*, Oct. 18, p. 92) serve to confirm what I have suspected for some months now—that there has been something of a change of heart at the divisional petroleum offices. During the war I found the officers in charge of these establishments helpful, considerate, and sympathetically inclined towards the general practitioner. During the last three months, however, I have had two occasions to quarrel with the local office. The first was when I acquired a new car, which, like the old one, was in what we used in our ignorance and imperfect state of knowledge to call "the 8-h.p. class." Then I was informed, on applying for a transfer of the E coupons to the new car, that "as my new car was of lower h.p. than the old one" it would be necessary to reduce the allowance of "motor fuel" by some 33%. It took six weeks and three letters to make the petroleum officer understand that both cars were of the same h.p., a fact which had been stated by me at the outset.

The second occasion was at the beginning of the present ration period, when I was sent the usual circular about a 10% cut with the coupons, only to find that the amount was in the proportion of 66% of what I had applied for. Needless to say, I wrote back to the petroleum officer by return a rather strong letter, and within a week or two more coupons arrived. With these was a letter, the gist of which was that he had *seen fit to increase* my allowance. No apology was offered, no explanation given.

In consequence, Sir, I feel with Dr. Brown that it is now time for some kind of revolt against this dictatorship and petty bureaucracy. Perhaps the B.M.A. could collect evidence such as Dr. Brown's and my own with which to support a protest to the Ministry of Fuel and Power?—I am, etc.,

Newcastle-upon-Tyne. L. R. ATKINSON.

SIR,—It is to be hoped that letters such as that of Dr. Charles E. Brown (*Supplement*, Oct. 18, p. 92) will provoke the B.M.A. into making a firm protest. When I applied for my current allowance, I pointed out that for the last two winters I had had to expend my basic ration on the practice in order to keep going till the end of the rationing period. No acknowledgment was received, and my allowance was cut by 33%.—I am, etc.,

Wolverhampton. PHILIP W. G. BAXTER.

TRADE UNION MEMBERSHIP

The following is a list of local authorities which are understood to require employees to be members of a trade union or other organization:

County Borough Councils.—Barnsley, Gateshead.

Metropolitan Borough Councils.—Fulham, Hackney, Poplar.

Non-County Borough Councils.—Dartford, Leyton, Radcliffe (limited to future appointments), Tottenham, Wallsend.

Urban District Councils.—Denton, Droylsden, Houghton-le-Spring, Huyton-with-Roby, Portslade, Redditch (restricted to new appointments), Stanley (Co. Durham), Tyldesley.

Scottish Burghs.—Motherwell and Wishaw.

H.M. Forces Appointments

ARMY

Colonel R. A. Hepple, C.B.E., M.C., has retired on retired pay and has been granted the honorary rank of Brigadier.

Lieutenant-Colonel J. W. Hyatt, from R.A.M.C., to be Colonel.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel J. McP. MacKinnon has retired on retired pay and has been granted the honorary rank of Colonel.

Major (War Substantive Lieutenant-Colonel) J. P. Douglas, O.B.E., to be Lieutenant-Colonel.

Majors H. K. G. Nash and H. Clain to be Lieutenant-Colonels.

War Substantive Major J. G. S. Holman, M.C., to be Major.

Captain A. C. S. Hobson, M.C., to be Major.

Captain T. A. Groves has retired and has been granted the honorary rank of Major.

Short Service Commission, Specialist.—War Substantive Captain D. G. Milne, from R.A.M.C., Emergency Commission, to be Captain.

Short Service Commission.—Captain T. C. R. Archer has been appointed to a permanent commission.

WOMEN'S FORCES

EMPLOYED WITH THE R.A.M.C.

War Substantive Captain R. Hertz has relinquished her commission and has been granted the honorary rank of Captain.

To be Lieutenants: Rebeka Hamlyn and Jean T. Smith.

COLONIAL MEDICAL SERVICE

The following appointments have been announced: P. A. Allsopp, M.R.C.S., L.R.C.P., Medical Officer, Malaya; D. Currie, M.B., B.Ch., Medical Officer, Tanganyika; B. C. Hillary, M.B., B.Ch., Lady Medical Officer, Malaya; J. Littlejohn, L.R.C.P.&S.Ed., Medical Officer, Kenya; J. J. O'Dwyer, Medical Officer, Nigeria; J. J. Talbot, M.B., B.Ch., Medical Officer, British Guiana; G. M. Thomson, M.C., M.D., M.R.C.P., Adviser on Venereal Disease Control, West Indies; E. J. Blackaby, M.R.C.S., L.R.C.P., Senior Medical Officer, Uganda.

Association Notices

Nathaniel Bishop Harman Prize

The Council of the British Medical Association is prepared to consider a first award of the Nathaniel Bishop Harman Prize in the year 1948. The value of the prize is approximately £100.

The purpose of the prize is the promotion of systematic observation and research among consultant members of the staffs of hospitals who are not attached to recognized medical schools. It will be awarded for the best essay submitted in open competition. The work submitted must include personal observations and experiences collected by the candidate in the course of his practice. A high order of excellence will be required. No study or essay that has previously been published in the medical press or elsewhere will be considered eligible for the prize.

Any registered medical practitioner who is a consultant member of the staff of a hospital in Great Britain or N. Ireland and is not attached to a recognized medical school is eligible to compete. If any question arises in reference to the eligibility of a candidate or the admissibility of his essay, the decision of the Council shall be final.

Should the Council of the Association decide that no essay submitted is of sufficient merit, the prize will not be awarded in 1948 but will be offered again the year next following this decision, and in this event the money value of the prize on the occasion in question shall be such proportion of the accumulated income as the Council shall determine.

Each essay must be typewritten or printed in the English language, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address.

The writer of the essay to whom the prize is awarded may be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate section of the Annual Meeting of the Association.

Essays must be forwarded to reach the Secretary, British Medical Association House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1947. The prize will be awarded at the Annual Meeting of the Association to be held in 1948. Inquiries relative to the prize should be addressed to the Secretary.

Sir Charles Hastings Clinical Prize

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of fifty guineas, is again open for competition. The following are the regulations governing the award:

(1) The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research, and record in general practice; it includes a money award of the value of fifty guineas.

(2) Any member of the Association who is engaged in general practice is eligible to compete for the prize.

(3) The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made. It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject, though reference to current literature should not therefore be omitted when it bears directly on their results, their interpretations, and their conclusions.

(4) Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1947. The prize will be awarded at the Annual General Meeting of the Association to be held in 1948.

(5) No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work. A prize-winner in any year is not eligible for a second award of the prize.

(6) If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay, the decision of the Council on any such point shall be final.

(7) Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address.

(8) The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate section of the Annual Meeting of the Association.

(9) Inquiries relative to the prize should be addressed to the Secretary.

CHARLES HILL,
Secretary.

B.M.A. LIBRARY

The Association's Library is being transferred from its present accommodation in the main building at B.M.A. House to the first and second floors of the Garden Court wing. To facilitate the removal the Library will be closed until 9.30 a.m. on Monday, Nov. 17.

Branch and Division Meetings to be Held

AYRSHIRE DIVISION.—At Heathfield Hospital, Ayr, Sunday, Nov. 9, 7 p.m. Lecture by Dr. J. H. MacDonald.

EAST HERTS DIVISION.—At Lister Hospital, Hitchin, Wednesday, Nov. 12, 9 p.m., joint meeting with South Bedfordshire Division. Address by Dr. P. J. W. Mills: Recent Views concerning the Treatment of Hypertension.

REIGATE DIVISION.—At Redhill County Hospital, Redhill, Tuesday, Nov. 11, 8.30 p.m. Mr. Dickson Wright: The Surgical Treatment of Hypertension.

At the end of July Dr. William Peach Hay celebrated the fiftieth anniversary of starting medical practice at Peterborough, the occasion being honoured when his medical colleagues entertained him to dinner on Sept. 24. A native of Arbroath, Dr. Peach Hay qualified in the University of Edinburgh in 1891, after having already been on a whaling expedition. Various postgraduate appointments were followed by a period in Lagos with the Colonial Medical Service. It was on July 31, 1897, that he started practising at Peterborough. A keen lover of the theatre, a skilled metal- and wood-worker, and an excellent shot, Dr. Peach Hay has put in much work for the Peterborough and District Memorial Hospital, was the first and only chairman of the Soke of Peterborough Insurance Committee, and has actively supported the B.M.A.